AmeriCorps*VISTA Supervisor Assessment Form: Quarter 1

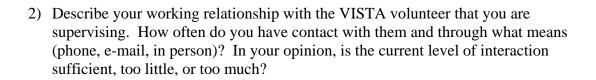
Name:
E-Mail:
Work Number:
Work Address:
Please answer all questions in Sections I and II, and Section III if necessary. Once complete, please mail to the VISTA Leader at:

Dustin González 1202 Washington Street Laredo, TX 78040

Section I: Problems

1) In your first month of service as an AmeriCorps*VISTA Supervisor, describe specific problems and obstacles that you had to overcome in order to get things done.

Whether successful or not, discuss your efforts. (include as many problems as you wish)



3) Describe your position at your organization. Do you feel that your VISTA volunteer has been fully integrated into this VISTA sponsor organization? Discuss some things that you could do as a Supervisor in order to make them feel more like a member of your team.

